

2867



In re Application of
MANABU KATO

COPY OF PAPERS
ORIGINALLY FILED

Docket No. 03500.014341

Application No.: 09/522,294

Examiner: H. Pham

Filed: March 9, 2000

Group Art Unit: 2861

For: MULTI-BEAM SCANNING OPTICAL APPARATUS
AND COLOR IMAGE-FORMING APPARATUS

Date: June 21, 2002

Commissioner for Patents
Washington, D.C. 20231

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Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 96	MINUS	** 40	= 56	x \$9 \$18	\$ 1,008.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140°/\$280						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 1,008.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$1,008.00 is enclosed.

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first-
class mail in an envelope addressed to: Commissioner
for Patents, Washington, D.C. 20231 on
6/21/02
(Date of Deposit)
Andrew D. Mickelsen, Reg. No. 50,957
Name of Attorney for Applicant
Andrew D. Mickelsen 6/21/02
Signature Date of Signature

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

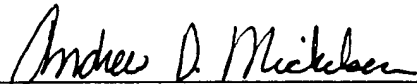
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____-month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 50,957

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